**CARTA DE RECOMENDACIÓN**

Le agradecemos su valiosa cooperación en la evaluación de:

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|  |  |  |
| Nombre(s) | Apellido Paterno | Apellido Materno |

como posible candidato (a) a realizar estudios de Posgrado en la Maestría de Investigación Psicológica en el Instituto Tecnológico de Sonora.

¿Qué tiempo tiene de conocer al aspirante?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

¿De qué forma ha tenido contacto con el aspirante (como alumno (a), como colaborador (a), etc.)

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¿Qué actividades ha realizado con usted?

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**Por favor, califique al aspirante en los siguientes aspectos** (1 = insuficiente; 2= suficiente; 3= Notable; 4= Excelente):

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| --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** |
| Curiosidad científica |  |  |  |  |
| Disposición para trabajar en equipo |  |  |  |  |
| Compromiso con la profesión |  |  |  |  |
| Proactividad |  |  |  |  |
| Responsabilidad |  |  |  |  |
| Honestidad |  |  |  |  |
| Tolerancia |  |  |  |  |

De la manera más atenta le pedimos de favor comente a detalle las fortalezas y áreas de oportunidad que posee el aspirante para poder emitir un juicio objetivo sobre la capacidad del candidato(a) para realizar estudios de Maestría.

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| **Persona que recomienda:** |  | **Firma:** |  |
| **Institución:** |  | | |
| **Correo electrónico, Celular y/o Tel:** |  | | |
| **Cargo/Nombramiento:** |  | | |
| **Fecha:** |  | | |